

Introduction

Myocardial perfusion scintigraphy in the UK: how much are we doing and how can we do more?

Myocardial perfusion scintigraphy (MPS) has been available as an investigation in known or suspected coronary artery disease for 30 years. In the USA, it is an established first line diagnostic and prognostic tool alongside the exercise ECG, and this is reflected in a high level of activity (35 000 studies per million population per year in 2002; Philips Medical Systems, personal communication). In Europe, and particularly in the UK, MPS has tended to be a second line investigation reserved for patients for whom coronary angiography is considered unattractive, and activity levels are correspondingly lower.¹

In the UK, the National Institute for Health and Clinical Excellence (NICE) has published the results of its appraisal of MPS.² As expected for an investigation with a large body of supporting literature, the findings were very positive. Referring to a submission from the professional bodies, NICE suggested that a UK activity level of 4000 studies per million population per year would be appropriate based on National Service Framework (NSF) targets for revascularisation.³ The first step to achieving any target is to have information about current levels of activity and practice so that appropriate resources can be defined and mobilised. These resources can then be used to expand or

establish efficient high quality nuclear cardiology services.

The two documents in this supplement seek to address these needs. The first is a report of the findings of the British Nuclear Cardiology Society's (BNCS) survey of MPS activity and practice across the UK for the year 2000.⁴ The BNCS has been undertaking such a survey every few years since 1988, and the data have been valuable in monitoring the slow increase in MPS activity: in 1994 the British Cardiac Society adopted a target of 2200 per million per year, the then European average, and this level had still not been achieved at the time of the last survey in 1997 (just under 1000 per million per year).⁵ NICE has now suggested a rather higher target of 4000 per million per year, but as the 2000 survey shows the actual level of activity remains well below even the 1994 target. This illustrates the scale of the challenge ahead, but at least permits a rational assessment of the resources required.

The second document in this supplement is intended as a step-by-step guide to setting up an efficient MPS service.⁶ There are many hospitals in the UK with no access to a nuclear cardiology service, but whose clinicians and managers may have read the NICE report with interest. This document is intended to inform those with little background knowledge of MPS about the detailed practicalities

involved in setting up a service, though it cannot be taken as a substitute for expert medical and physics advice. It may also be a useful source of reference for those who already have experience of running a service but wish to expand it. Together with an electronic template business plan, this guide may help stakeholders to implement NICE's recommendations at local level.⁷

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